

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Americans for New Leadership

ADDRESS (number and street)

PO Box 80252

☐Check if different
than previously
reported. (ACC)

Las Vegas

NV

89180

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00485821

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post -Election
Report for the:☒

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

10

14

2010

through

11

22

2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Christopher M Marston

Signature of Treasurer

Electronically Filed by Christopher M Marston

Date

12

02

2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 80

Write or Type Committee Name
Americans for New Leadership

Report Covering the Period: From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	0.00
(b) Cash on Hand at Beginning of Reporting Period	82591.60	
(c) Total Receipts (from Line 19)	56776.00	1254395.65
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	139367.60	1254395.65
7. Total Disbursements (from Line 31)	146140.75	1259243.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	-6773.15	-4847.50
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americans for New Leadership

Report Covering the Period:

From:

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	1

D	D
2	2

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	17664.00	461251.00
(ii) Unitemized	39112.00	793144.65
(iii) TOTAL (add Lines 11(a)(i) and (ii)	56776.00	1254395.65
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	56776.00	1254395.65
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	56776.00	1254395.65
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	56776.00	1254395.65

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	146140.75	1060242.62	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	146140.75	1060242.62	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00	
24. Independent Expenditure (use Schedule E)	0.00	199000.53	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	0.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	146140.75	1259243.15	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	146140.75	1259243.15	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	56776.00	1254395.65
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	56776.00	1254395.65
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	146140.75	1060242.62
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	146140.75	1060242.62

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

JAMES ANDERSON

Mailing Address 99 SAN ANSELMO AVE.

City

SAN FRANCISCO

State

CA

Zip Code

94127-1511

FEC ID number of contributing
federal political committee.

C

Name of Employer
SILICON VALLEY BANK

Occupation
BANKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.21627

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JERRY ASKIN

Mailing Address 7135 RAVEN DRIVE
7135 RAVEN DRIVE

City

BELGRADE

State

MT

Zip Code

59714-8118

FEC ID number of contributing
federal political committee.

C

Name of Employer
BARNARD CONST CO

Occupation
ESTIMATOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.23242

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ARTHUR BARRETT

Mailing Address 369 KELSEY HILL RD

City

MIDDLEBURGH

State

NY

Zip Code

12122-7107

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.22378

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
ROBERT BECKMAN

Mailing Address 9225 STRASSE BOULEVARD
9225 STRASSE BLVD

City State Zip Code
PUNTA GORDA FL 33982-2339

FEC ID number of contributing
federal political committee.

C

Name of Employer
BECKMAN CONCRETE

Occupation
MASON

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.22199

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAMES JOSEPH BEESON

Mailing Address 13300-56 S CLEVELAND AVE
276 # 276

City State Zip Code
FORT MYERS FL 33907-3871

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

490.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22478

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
PETER BRENNAN

Mailing Address 3421 W/ GALVESTON PL.

City State Zip Code
BROKEN ARROW OK 74012-3254

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
BUSINESS OWNER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.22921

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

RALPH CHAPMAN

Mailing Address 7955 CARUTH COURT
7955 CARUTH COURT

City State Zip Code
DALLAS TX 75225-8125

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RADIO BROADCASTER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22479

Amount of Each Receipt this Period

500.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

HARRY COMBS JR

Mailing Address 158 SOUTH FOREST ST.
158 SOUTH FOREST

City State Zip Code
DENVER CO 80246-1147

FEC ID number of contributing
federal political committee.

C

Name of Employer
IAS INC.

Occupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.23088

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CINDY CRAWFORD

Mailing Address 3719 LANGTRY DR.
3719 LANGTRY DR

City State Zip Code
AMARILLO TX 79109-3925

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.22475

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
TIMOTHY ERNEST DOCTER

Mailing Address 7778 BOCA RATON DR.
7778 BOCA RATON DR.

City State Zip Code
LAS VEGAS NV 89113-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.22556

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
TIMOTHY ERNEST DOCTER

Mailing Address 7778 BOCA RATON DR.
7778 BOCA RATON DR.

City State Zip Code
LAS VEGAS NV 89113-1313

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
CIVIL ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.23230

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROBERT M. DOTY

Mailing Address 3 SPRUCE STREET
3 SPRUCE STREET

City State Zip Code
EAST HAMPTON NY 11937-4816

FEC ID number of contributing
federal political committee.

C

Name of Employer
BROOKHAVEN NATIONAL LAB

Occupation
PROJET ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.22245

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 10 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
EDIE DOWDLE

Mailing Address 219 HUCKLEBERRY HILLS RD.
219 HUCKLEBERRY HILLS RD.

City State Zip Code
COLUMBUS MS 39705-1619

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOUSEWIFE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22964

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ORVILLE G. G. ELLIOTT

Mailing Address 4421 SADDLEHORN TRAIL
4421 SADDLEHORN TRAIL

City State Zip Code
MIDDLEBURG FL 32068-3243

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.22521

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
HARTSON FILLMORE

Mailing Address 2712 MANORWOOD TRAIL

City State Zip Code
FORT WORTH TX 76109-9589

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.22523

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

WALTER FINGERER

Mailing Address 3001 NW 49TH AVE
SUITE SUITE 207 EASTCity State Zip Code
FORT LAUDERDALE FL 33313-7266FEC ID number of contributing
federal political committee.

C

Name of Employer
SELFOccupation
PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.22264

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN FIRESTONE

Mailing Address 349 FAIRFIELD AVE
SUITE ECity State Zip Code
GRETN LA 70056-7004FEC ID number of contributing
federal political committee.

C

Name of Employer
PHYSICIANOccupation
PHYSICIANS OF RIVER RIDGE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.23233

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

BERNIE FRANCIS

Mailing Address 2343 HIGH LAQNDSCREEK ROAD

City State Zip Code
CARROLLTON TX 75007-2007FEC ID number of contributing
federal political committee.

C

Name of Employer
BUSINESS CONTROL SYSTEMS,
LPOccupation
EXECUTIVE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.23105

Amount of Each Receipt this Period

250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

JOSEPH FURLONG

Mailing Address 336 WILD WILLOW DR

City

EL PASO

State

TX

Zip Code

79922-1848

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.22529

Amount of Each Receipt this Period

175.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JEANETTE GERLACK

Mailing Address 26 SLABTOWN RD,

City

ELMER

State

NJ

Zip Code

08318-2707

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

ADMINISTRATION

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22476

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WILLIAM GOW

Mailing Address 120 26TH ST
120 26TH ST

City

MANHATTAN BEACH

State

CA

Zip Code

90266-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer
KAISER PERMANENTE

Occupation

PHYSICIAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22561

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
BARBARA K. GROH

Mailing Address 6400 SHAWNEE PINES
6400 SHAWNEE PINES

City State Zip Code
CINCINNATI OH 45243-3154

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.22985

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DONALD GUMPERTZ

Mailing Address P.O.BOX 2450

City State Zip Code
TOLUCA LAKE CA 91610-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 1 0

Transaction ID: SA11.22064

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
DONALD GUMPERTZ

Mailing Address P.O.BOX 2450
P.O. BOX 2450

City State Zip Code
TOLUCA LAKE CA 91610-0450

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.22562

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2050.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

CAROL HOFFMAN

Mailing Address 1854 W. CAPE COD WAY

City

LITTLETON

State

CO

Zip Code

80120-5518

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.21727

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

LAWRENCE HUBBART

Mailing Address 3095 KEY HARBOUR DRIVE

City

LAKE SAINT LOUIS

State

MO

Zip Code

63367-2097

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN POOLPLAYERS ASSO-
C.

Occupation
EXECUTIVE VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22864

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JEFF JERNIGAN

Mailing Address 5232 LOCKWOOD LN
5232 LOCKWOOD LN

City

POWDER SPRINGS

State

GA

Zip Code

30127-4915

FEC ID number of contributing
federal political committee.

C

Name of Employer
PINKERTON & LAWS

Occupation
CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.22919

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER: PAGE 15 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
HARRISON JOHNSTON

Mailing Address ``309 EMPIRE LAKES DRIVE
 ``309 EMPIRE LAKES DRIVE

City State Zip Code
 RALEIGH NC 27617

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22407

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
ROBERT JOHNSON

Mailing Address 163 LOS VIENTOS
 163 LOS VIENTOS

City State Zip Code
 SAN CARLOS CA 94070-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22470

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROBERT JOHNSON

Mailing Address 163 LOS VIENTOS
 163 LOS VIENTOS

City State Zip Code
 SAN CARLOS CA 94070-1508

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.22504

Amount of Each Receipt this Period

25.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

225.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
GARY L. KANTOR

Mailing Address 2816 VISTA DEL SOL AVE
2816 VISTA DEL SOL AVE

City State Zip Code
LAS VEGAS NV 89120-3610

FEC ID number of contributing
federal political committee.

C

Name of Employer
NA

Occupation
PHYSICIAN/RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.22863

Amount of Each Receipt this Period

200.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
JAMES KNOBLAUCH

Mailing Address 413 GRANADA TERRACE

City State Zip Code
WARNER ROBINS GA 31088-4035

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED SENIOR CITIZEN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22028

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROBERT LINDHOLM

Mailing Address 14007 HUGHES LN

City State Zip Code
DALLAS TX 75254-8649

FEC ID number of contributing
federal political committee.

C

Name of Employer
ON OUR OWN SERVICES INC

Occupation
CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.22207

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 80

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
GARY LOCKE

Mailing Address 2602 BOOGER HILL ROAD
2602 BOOGER HILL ROAD

City State Zip Code
DANIELSVILLE GA 30633-6102

FEC ID number of contributing
federal political committee.

C

Name of Employer
USN/STATE OF GEORGIA

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22968

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
KEITH LORING

Mailing Address 116 CAMP DRIVE
116 CAMP DRIVE

City State Zip Code
GEORGETOWN TX 78633-4882

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22467

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
NANCY LUCHT

Mailing Address 4 DOGWOOD LANE
4 DOGWOOD LANE

City State Zip Code
GREENWICH CT 06830-3917

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.22555

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

JOHN MCCLURE

Mailing Address 101 SHAN HILL LANE
101 SHAN HILL LANE

City State Zip Code
BOYCE VA 22620-2436

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
GEOLOGIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22406

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JAMES MCDONOUGH

Mailing Address 403 GRANDVIEW AVENUE

City State Zip Code
PITTSBURGH PA 15211-1551

FEC ID number of contributing
federal political committee.

C

Name of Employer
CATHOLIC DIOCESE OF PITTS-
BURGH

Occupation
ROMAN CATHOLIC PRIEST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.23104

Amount of Each Receipt this Period

200.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROSEMARY MCMAHON

Mailing Address 8816 SPARKLE CT.

City State Zip Code
MYRTLE BEACH SC 29579-1875

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED PROFESSOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22469

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

DR. DONALD MERRYMAN

Mailing Address 2605 WHITEFORD RD.

City

WHITEFORD

State

MD

Zip Code

21160-1103

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

VETERINARIAN

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.23031

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

TILLMAN MARION MOORE

Mailing Address 909 MARINE DR
104 104

City

BELLINGHAM

State

WA

Zip Code

98225-8461

FEC ID number of contributing
federal political committee.

C

Name of Employer
MEDICAL DIRECTOR

Occupation

PACIFIC COAST TISSUE BANK

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22614

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

ROBERT NORTH

Mailing Address 20707 SUTHERLAND DAM RD

City

RAMONA

State

CA

Zip Code

92065-5447

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

MANAGER

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22856

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

SANFORD PASSER

Mailing Address 1001 W. 13 MILE RD.

City

MADISON HEIGHTS

State

MI

Zip Code

48071-1602

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ATTORNEY/BUSINESSMAN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.22549

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

SARAH PYLE

Mailing Address 1456 HAMPTON HILL CIRCLE

City

MCLEAN

State

VA

Zip Code

22101-6010

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.21830

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

DAVID QUINLAN

Mailing Address N4404 LAKESHORE DR
N4404 LAKESHORE DR

City

KEWAUNEE

State

WI

Zip Code

54216-9726

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NONE (RETIRED)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22554

Amount of Each Receipt this Period

55.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

605.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

DAN REAGAN

Mailing Address 7384 SEA PINES PLACE
7384 SEA PINES PLACE

City State Zip Code
WEST CHESTER OH 45069-6587

FEC ID number of contributing
federal political committee.

C

Name of Employer
U S THERMAL

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22902

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

JOHN REINHART

Mailing Address 9 MANORWOOD DR.
9 MANORWOOD DR

City State Zip Code
BLOOMFIELD HILLS MI 48304-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
FINANCIAL ADVISOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.22530

Amount of Each Receipt this Period

500.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

JOHNNY RIBEIRO, JR.

Mailing Address 3983 S MCCARRAN BLVD
SUITE 321

City State Zip Code
RENO NV 89502-7510

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIBEIRO COMPANY

Occupation
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1478.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.21365

Amount of Each Receipt this Period

1478.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

2028.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

LINDA RIBEIRO

Mailing Address 1350 E FLAMINGO RD
#581

City State Zip Code
LAS VEGAS NV 89119-5263

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIBEIRO COMPANIES

Occupation

INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1480.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 1 5 / 2 0 1 0

Transaction ID: SA11.21577

Amount of Each Receipt this Period

740.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

WILLIAM L. RITCHIE

Mailing Address 5302 BROOKWAY DR
5302 BROOKWAY DR

City State Zip Code
BETHESDA MD 20816-1308

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.23234

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

LAWRENCE ROBBINS

Mailing Address 1606 RED FOX LANE
1606 RED FOX LANE

City State Zip Code
MILFORD OH 45150-9506

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 8 / 2 0 1 0

Transaction ID: SA11.22918

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

940.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
HALL ROBERTS

Mailing Address P.O. BOX 10
P.O. BOX 10

City State Zip Code
POSTVILLE IA 52162-0010

FEC ID number of contributing
federal political committee.

C

Name of Employer
HALL ROBERTS' SON, INC.

Occupation
PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 6 / 2 0 1 0

Transaction ID: SA11.22403

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
KENNETH ROBERTSON

Mailing Address 12 STILLFOREST
12 STILLFOREST

City State Zip Code
HOUSTON TX 77024-7518

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.22528

Amount of Each Receipt this Period

150.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
SAMUEL ROBERTS

Mailing Address 488 W 200 S
488 W 200 S

City State Zip Code
SPRINGVILLE UT 84663-4903

FEC ID number of contributing
federal political committee.

C

Name of Employer
EBMUD

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.22518

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

JOHN ROSS

Mailing Address P.O. BOX 18718

City

RENO

State

NV

Zip Code

89511-0718

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.21674

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

BRUCE ROWLEY

Mailing Address 12035 NORMONT DRIVE
12035 NORMONT DRIVE

City

HOUSTON

State

TX

Zip Code

77070-2445

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEVON ENERGY CORPORATIONOccupation
PETROLEUM ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.22558

Amount of Each Receipt this Period

100.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

WILLIAM RYAN

Mailing Address 10063 HART BRANCH CIR
10063 HART BRANCH CIR

City

ORLANDO

State

FL

Zip Code

32832-5913

FEC ID number of contributing
federal political committee.

C

Name of Employer
OD OS INCOccupation
SERVICE MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
 1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.23208

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
MICHAEL SCHULZE

Mailing Address 4 WEBSTER ROAD
4 WEBSTER ROAD

City State Zip Code
ELLINGTON CT 06029-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAMILTON SUNDSTRAND

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.22472

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MICHAEL SCHULZE

Mailing Address 4 WEBSTER ROAD
4 WEBSTER ROAD

City State Zip Code
ELLINGTON CT 06029-2719

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAMILTON SUNDSTRAND

Occupation
ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1050.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.22514

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
RICHARD SCOTTI

Mailing Address 574 S DECATUR BLVD

City State Zip Code
LAS VEGAS NV 89107-3932

FEC ID number of contributing
federal political committee.

C

Name of Employer
KEMP, JONES & COULTHARD,
LLP

Occupation
ATTORNEY

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.21367

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

TOM SCOTT

Mailing Address 17 RIVER WAY DRIVE

City

GREER

State

SC

Zip Code

29651-6879

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

AGRICULTURE

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 7 / 2 0 1 0

Transaction ID: SA11.21892

Amount of Each Receipt this Period

250.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

WILLIAM SIMPSON

Mailing Address 414 CHRISTIAN VILLAGE CIRCLE
414 CHRISTIAN VILLAGE CIR

City

LOUISVILLE

State

KY

Zip Code

40243-1387

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.22846

Amount of Each Receipt this Period

10.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

CHARLES SKINNER

Mailing Address 6210 SAN OSE BLVD, W

City

JACKSONVILLE

State

FL

Zip Code

32217-2370

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

FORESTRY

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.22267

Amount of Each Receipt this Period

1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

1260.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
MARY SMITH

Mailing Address 7391 S.W. 156 STREET
7391 SW 156 STREET

City State Zip Code
PALMETTO BAY FL 33157-2438

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
BOOKKEEPER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.22364

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
MICHAEL DAVID SMITH

Mailing Address 3400 BENEVA RD
APT 121 APT 121

City State Zip Code
SARASOTA FL 34232-4603

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22553

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
WINSTON SMITH

Mailing Address 100 CITATION CIRCLE
100 CITATION CIRCLE

City State Zip Code
DURHAM NC 27704-3958

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22636

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
PETER ALLAN SPIEGL

Mailing Address W7106 PULS FARM PL
W 7106 PULS FARM PL

City State Zip Code
GREENVILLE WI 54942-9501

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
NONE

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 1 / 0 1 / 2 0 1 0

Transaction ID: SA11.22557

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
AVIS SPIES

Mailing Address 60 HEYBURN RD
60 HEYBURN RD

City State Zip Code
CHADDS FORD PA 19317-9707

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED AGE 80

Occupation
RETIRED AGE 80

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 7 / 2 0 1 0

Transaction ID: SA11.23020

Amount of Each Receipt this Period

25.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
EVELYN SPRAGUE

Mailing Address 1970 NORTH LESLIE ST
PBM # 3423 PBM # 3423

City State Zip Code
PAHRUMP NV 89060-3678

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 9 / 2 0 1 0

Transaction ID: SA11.22911

Amount of Each Receipt this Period

50.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
CHERYL STUTZMAN

Mailing Address 9 SUMMER HILL DRIVE

City State Zip Code
SINKING SPRING PA 19608-9671

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22226

Amount of Each Receipt this Period

50.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
DR. MICHAEL TIVNON, M.D.

Mailing Address 300 OLD RIVER RD STE 150
STE 150

City State Zip Code
BAKERSFIELD CA 93311-9512

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
DOCTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22477

Amount of Each Receipt this Period

250.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
ROD TRUMAN

Mailing Address 2124 WATERBURY LANE
2124 WATERBURY LANE

City State Zip Code
LAS VEGAS NV 89134-0387

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRULINE CORPORATION

Occupation
H.R. MANAGER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 2 6 / 2 0 1 0

Transaction ID: SA11.22527

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
MILTON L. VANDERPOOL

Mailing Address 3215 TEAKWOOD DR
3215 TEAKWOOD DR

City State Zip Code
TYLER TX 75701-7648

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN PLUMBING CO

Occupation
PLUMBING CONTRACTOR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.22560

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)
THOMAS VILLAMANA

Mailing Address 151 DEVON ROAD
151 DEVON ROAD

City State Zip Code
BRONXVILLE NY 10708-5700

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22903

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)
QUINTEN WARD

Mailing Address P.O. BOX 8000
MESQUITE

City State Zip Code
MESQUITE NV 89024-8000

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

M M / D D / Y Y Y Y
1 0 / 1 4 / 2 0 1 0

Transaction ID: SA11.22480

Amount of Each Receipt this Period

500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 80

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

JACK WELLS

Mailing Address 5890 N. ECHO CANYON LN

City

PHOENIX

State

AZ

Zip Code

85018-1286

FEC ID number of contributing
federal political committee.

C

Name of Employer
FRY'S FOOD N DRUG

Occupation

PHARMACIST

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.22857

Amount of Each Receipt this Period

100.00

CONTRIBUTION

B.

Full Name (Last, First, Middle Initial)

NICHOLAS WHITE

Mailing Address 215 CENTRAL CAMPUS DRIVE
402 CTIHB

City

SALT LAKE CITY

State

UT

Zip Code

84112-0400

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF UTAH

Occupation

TEACHER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 1 5 / 2 0 1 0

Transaction ID: SA11.22463

Amount of Each Receipt this Period

50.00

CONTRIBUTION

C.

Full Name (Last, First, Middle Initial)

RONALD M. WILLIAMS

Mailing Address 83 FIELD BROOK RD
83 FIELD BROOK RD

City

MADISON

State

CT

Zip Code

06443-2468

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 0 / 2 5 / 2 0 1 0

Transaction ID: SA11.22524

Amount of Each Receipt this Period

100.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 80

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

LALIBERTE PROPERTIES, LLC

Mailing Address 195 E RENO AVE
#A

City	State	Zip Code
LAS VEGAS	NV	89119-1123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2960.00

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 1 0

Transaction ID: SA11.21366

Amount of Each Receipt this Period

1481.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional) ▶

1481.00

TOTAL This Period (last page this line number only) ▶

17664.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
KELSEY CARLSON

Mailing Address 7627 RISING PORT AVENUE

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.102

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
KELSEY CARLSON

Mailing Address 7627 RISING PORT AVENUE

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
KELSEY CARLSON

Mailing Address 7627 RISING PORT AVENUE

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.134

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3037.81

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) KELSEY CARLSON	Transaction ID: SB.19 Date of Disbursement
Mailing Address 7627 RISING PORT AVENUE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 1 0</div> </div>
City LAS VEGAS State NV Zip Code 89113 Purpose of Disbursement SALARY Candidate Name	Amount of Each Disbursement this Period <div>1500.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) JESSICA CYBULSKI	Transaction ID: SB.103 Date of Disbursement
Mailing Address 3311 S RAINBOW BLVD STE 139	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
City LAS VEGAS State NV Zip Code 89146 Purpose of Disbursement SALARY Candidate Name	Amount of Each Disbursement this Period <div>600.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) JESSICA CYBULSKI	Transaction ID: SB.135 Date of Disbursement
Mailing Address 3311 S RAINBOW BLVD STE 139	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 1 0</div> </div>
City LAS VEGAS State NV Zip Code 89146 Purpose of Disbursement SALARY Candidate Name	Amount of Each Disbursement this Period <div>1200.00</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3300.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) JESSICA CYBULSKI	Transaction ID: SB.20 Date of Disbursement
Mailing Address 3311 S RAINBOW BLVD STE 139	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 5 / 2 0 1 0</div> </div>
City LAS VEGAS State NV Zip Code 89146	Amount of Each Disbursement this Period
Purpose of Disbursement SALARY	<div> <div></div> <div>600.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RON FURTRELL	Transaction ID: SB.104 Date of Disbursement
Mailing Address 11417 PERUGINO DR	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 0 1 / 2 0 1 0</div> </div>
City LAS VEGAS State NV Zip Code 89138	Amount of Each Disbursement this Period
Purpose of Disbursement SALARY	<div> <div></div> <div>875.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RON FURTRELL	Transaction ID: SB.124 Date of Disbursement
Mailing Address 11417 PERUGINO DR	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 2 / 2 0 1 0</div> </div>
City LAS VEGAS State NV Zip Code 89138	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL EXPENSE REMBURSEMENT	<div> <div></div> <div>290.20</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1765.20

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) RON FURTRELL	Transaction ID: SB.136 Date of Disbursement
Mailing Address 11417 PERUGINO DR	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City LAS VEGAS State NV Zip Code 89138	Amount of Each Disbursement this Period
Purpose of Disbursement SALARY	<div>1750.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) RON FURTRELL	Transaction ID: SB.142 Date of Disbursement
Mailing Address 11417 PERUGINO DR	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D7</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City LAS VEGAS State NV Zip Code 89138	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL EXPENSE REIMBURSEMENT	<div>221.83</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) RON FURTRELL	Transaction ID: SB.21 Date of Disbursement
Mailing Address 11417 PERUGINO DR	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D1</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City LAS VEGAS State NV Zip Code 89138	Amount of Each Disbursement this Period
Purpose of Disbursement SALARY	<div>875.00</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2846.83

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
JENNIFER HARRINGTON

Mailing Address 9465 W. POST ROAD #2048

City LAS VEGAS State NV Zip Code 89148

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

B.

Full Name (Last, First, Middle Initial)
JENNIFER HARRINGTON

Mailing Address 9465 W. POST ROAD #2048

City LAS VEGAS State NV Zip Code 89148

Purpose of Disbursement
SALARY

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.22

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3500.00

C.

Full Name (Last, First, Middle Initial)
BRENT HUSSON

Mailing Address 3159 TONYRAM CIRCLE

City LAS VEGAS State NV Zip Code 89146

Purpose of Disbursement
COMMUNICATIONS CONSULTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.46

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

12000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) DAVID JOSEPH MCGOWAN	Transaction ID: SB.49 Date of Disbursement
Mailing Address 374 TEIRRA STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 1 / 2 0 1 0</div> </div>
City HENDERSON State NV Zip Code 89014	Amount of Each Disbursement this Period
Purpose of Disbursement VOLUNTEER AND EVENT CONSULTING	<div> <div></div> <div>2400.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) DAVID JOSEPH MCGOWAN	Transaction ID: SB.57 Date of Disbursement
Mailing Address 374 TEIRRA STREET	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 2 / 2 0 1 0</div> </div>
City HENDERSON State NV Zip Code 89014	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE EXPENSE REIMBURSEMENT	<div> <div></div> <div>209.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) 7-ELEVEN	Transaction ID: SB.133 Date of Disbursement
Mailing Address 1722 ROUTH ST STE 1000	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 1 5 / 2 0 1 0</div> </div>
City DALLAS State TX Zip Code 75201	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES	<div> <div></div> <div>9.98</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

2618.98

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) ACE TAXI SERVICE, INC.	Transaction ID: SB.43 Date of Disbursement
Mailing Address 1798 E 55TH ST	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 2 0 / 2 0 1 0</div> </div>
City CLEVELAND State OH Zip Code 44103	Amount of Each Disbursement this Period
Purpose of Disbursement TRAVEL LOCAL TRANSPORTATION	<div> <div></div> <div>23.00</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) ALBERTSONS - E. FLAMINGO	Transaction ID: SB.3 Date of Disbursement
Mailing Address 1300 E. FLAMINGO ROAD	<div> <div>M M / D D / Y Y Y Y</div> <div>1 0 / 1 4 / 2 0 1 0</div> </div>
City LAS VEGAS State NV Zip Code 89109	Amount of Each Disbursement this Period
Purpose of Disbursement FOOD & BEVERAGE COSTS FOR RALLY	<div> <div></div> <div>44.29</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) AMAZON.COM	Transaction ID: SB.150 Date of Disbursement
Mailing Address 1200 12TH AVE	<div> <div>M M / D D / Y Y Y Y</div> <div>1 1 / 2 2 / 2 0 1 0</div> </div>
City SEATTLE State WA Zip Code 98144	Amount of Each Disbursement this Period
Purpose of Disbursement BOOKS FOR OFFICE	<div> <div></div> <div>48.95</div> </div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

116.24

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

AMERICAB

Mailing Address 6200 ROLAND AVE

City
CLEVELAND

State
OH

Zip Code
44127

Purpose of Disbursement
TRAVEL LOCAL TRANSPORTATION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.62

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

60.00

B.

Full Name (Last, First, Middle Initial)

AMERICAN AIRLINES

Mailing Address PO BOX 619612; MD 2400

City
DFW AIRPORT

State
TX

Zip Code
75261

Purpose of Disbursement
TRAVEL AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.34

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

468.40

C.

Full Name (Last, First, Middle Initial)

AMERICAN VISION

Mailing Address 645 ALWICK AVE

City
W ISLIP

State
NY

Zip Code
11795

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.39

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

811.36

SUBTOTAL of Disbursements This Page (optional)

1339.76

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
AMERICAN VISION

Mailing Address 645 ALWICK AVE

City W ISLIP State NY Zip Code 11795

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.69

Date of Disbursement

/ /

Amount of Each Disbursement this Period

23.00

B.

Full Name (Last, First, Middle Initial)
AMERICAN VISION

Mailing Address 645 ALWICK AVE

City W ISLIP State NY Zip Code 11795

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.8

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2028.40

C.

Full Name (Last, First, Middle Initial)
APPLE INC.

Mailing Address 1 INFINITE LOOP

City CUPERTINO State CA Zip Code 95014

Purpose of Disbursement
COMPUTER EQUIPMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.73

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1448.09

SUBTOTAL of Disbursements This Page (optional)

3499.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
APPLEBEES

Mailing Address 205 S HOOVER BLVD

City TAMPA State FL Zip Code 33609

Purpose of Disbursement
TRAVEL MEAL EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.44

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.00

B.

Full Name (Last, First, Middle Initial)
BED BATH & BEYOND #1193

Mailing Address 7175 ARROYO CROSSING PARKWAY

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
FRAUDULENT CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.96

Date of Disbursement

/ /

Amount of Each Disbursement this Period

61.60

C.

Full Name (Last, First, Middle Initial)
BIZ-GOODS

Mailing Address 6655 S. TENAYA WAY, STE 150

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.85

Date of Disbursement

/ /

Amount of Each Disbursement this Period

531.00

SUBTOTAL of Disbursements This Page (optional)

626.60

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) BURGER KING	Transaction ID: SB.95 Date of Disbursement
Mailing Address 5505 BLUE LAGOON DR	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D1</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City MIAMI State FL Zip Code 33126	Amount of Each Disbursement this Period
Purpose of Disbursement FRAUDULENT CHARGE	<div>8.20</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS	Transaction ID: SB.111 Date of Disbursement
Mailing Address 117 N SAINT ASAPH ST	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D3</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement ONLINE FUNDRAISING EXPENSE	<div>423.05</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS	Transaction ID: SB.112 Date of Disbursement
Mailing Address 117 N SAINT ASAPH ST	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D0</div> <div>^D3</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City ALEXANDRIA State VA Zip Code 22314	Amount of Each Disbursement this Period
Purpose of Disbursement ONLINE FUNDRAISING CONSULTING	<div>1133.84</div>
Candidate Name	<div>Category/ Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1565.09

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 44 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.38</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1968.93"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.6</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1860.61"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING EXPENSES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.66</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="419.81"/></p>

SUBTOTAL of Disbursements This Page (optional)

4249.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING CONSULTING</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.67</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="248.91"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement REFUND PROCESSING--GEORGE SAVANI X2</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.7</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="4"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CAMPAIGN SOLUTIONS</p> <p>Mailing Address 117 N SAINT ASAPH ST</p> <p>City ALEXANDRIA State VA Zip Code 22314</p> <p>Purpose of Disbursement ONLINE FUNDRAISING EXPENSE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.88</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="3"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="65.48"/></p>

SUBTOTAL of Disbursements This Page (optional)

414.39

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
CAMPAIGN SOLUTIONS

Mailing Address 117 N SAINT ASAPH ST

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
ONLINE FUNDRAISING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.92

Date of Disbursement

10 / 31 / 2010

Amount of Each Disbursement this Period

69.17

B.

Full Name (Last, First, Middle Initial)
CLARK COUNTY ELECTION DEPARTMENT

Mailing Address 500 S GRAND CENTRAL PKWY STE 1113

City LAS VEGAS State NV Zip Code 89106

Purpose of Disbursement
ELECTION MAP

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.121

Date of Disbursement

11 / 10 / 2010

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)
CMDI

Mailing Address 7704 LEESBURG PIKE

City FALLS CHURCH State VA Zip Code 22043

Purpose of Disbursement
CAMPAIGN SOFTWARE SUBSCRIPTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.109

Date of Disbursement

11 / 02 / 2010

Amount of Each Disbursement this Period

800.00

SUBTOTAL of Disbursements This Page (optional)

899.17

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES</p> <p>Mailing Address PO BOX 4607</p> <p>City HOUSTON State TX Zip Code 77210</p> <p>Purpose of Disbursement TRAVEL AIRFARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.146</p> <p>Date of Disbursement <div> <div>11</div> <div>19</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>8.75</div> </p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES</p> <p>Mailing Address PO BOX 4607</p> <p>City HOUSTON State TX Zip Code 77210</p> <p>Purpose of Disbursement TRAVEL AIRFARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.33</p> <p>Date of Disbursement <div> <div>10</div> <div>18</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>459.70</div> </p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) CONTINENTAL AIRLINES</p> <p>Mailing Address PO BOX 4607</p> <p>City HOUSTON State TX Zip Code 77210</p> <p>Purpose of Disbursement TRAVEL AIRFARE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.53</p> <p>Date of Disbursement <div> <div>10</div> <div>22</div> <div>2010</div> </div> </p> <p>Amount of Each Disbursement this Period <div>6.00</div> </p>

SUBTOTAL of Disbursements This Page (optional)

474.45

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) COX COMMUNICATIONS	Transaction ID: SB.131 Date of Disbursement																				
Mailing Address 750 N RANCHO DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City LAS VEGAS State NV Zip Code 89106	Amount of Each Disbursement this Period																				
Purpose of Disbursement UTILITY BILL	<table border="1"> <tr> <td colspan="10">490.38</td> </tr> </table>	490.38																			
490.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) DELTA AIR LINES	Transaction ID: SB.30 Date of Disbursement																				
Mailing Address PO BOX 20760	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
City ATLANTA State GA Zip Code 30320	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL ACCOMODATIONS	<table border="1"> <tr> <td colspan="10">546.40</td> </tr> </table>	546.40																			
546.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) ELECTION CFO, LLC	Transaction ID: SB.140 Date of Disbursement																				
Mailing Address PO BOX 26141	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period																				
Purpose of Disbursement COMPLIANCE CONSULTING	<table border="1"> <tr> <td colspan="10">1000.00</td> </tr> </table>	1000.00																			
1000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2036.78

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
FACEBOOK.COM ADVERTISING

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.108

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)
FACEBOOK.COM ADVERTISING

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.114

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)
FACEBOOK.COM ADVERTISING

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.129

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.74

SUBTOTAL of Disbursements This Page (optional)

64.74

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

FACEBOOK.COM ADVERTISING

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.26

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)

FACEBOOK.COM ADVERTISING

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.47

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)

FACEBOOK.COM ADVERTISING

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.63

Date of Disbursement

10 / 25 / 2010

Amount of Each Disbursement this Period

30.00

SUBTOTAL of Disbursements This Page (optional)

90.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
FACEBOOK.COM ADVERTISING

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.74

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

B.

Full Name (Last, First, Middle Initial)
FACEBOOK.COM ADVERTISING

Mailing Address 1601 S CALIFORNIA AVE

City PALO ALTO State CA Zip Code 94304

Purpose of Disbursement
ONLINE ADVERTISING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.94

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)
FEDEX

Mailing Address 3875 AIRWAYS, MODULE H3; DEPARTMEN

City MEMPHIS State TN Zip Code 38116

Purpose of Disbursement
PHOTOCOPIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB.118

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.48

SUBTOTAL of Disbursements This Page (optional)

62.48

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) FEDEX</p> <p>Mailing Address 3875 AIRWAYS, MODULE H3; DEPARTMEN</p> <p>City MEMPHIS State TN Zip Code 38116</p> <p>Purpose of Disbursement COLLATERAL SHIPPING EXPENSES - ROCKFORD</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.82</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="58.37"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) GOPUSA</p> <p>Mailing Address 18 SANCTUARY TRAIL</p> <p>City MISSOURI CITY State TX Zip Code 77459</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.40</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="1"/> <input type="text" value="9"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="610.20"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) GOPUSA</p> <p>Mailing Address 18 SANCTUARY TRAIL</p> <p>City MISSOURI CITY State TX Zip Code 77459</p> <p>Purpose of Disbursement E-MAIL LIST RENTAL</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.68</p> <p>Date of Disbursement</p> <p><input type="text" value="1"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="640.87"/></p>

SUBTOTAL of Disbursements This Page (optional)

1309.44

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) GOPUSA	Transaction ID: SB.89 Date of Disbursement
Mailing Address 18 SANCTUARY TRAIL	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City MISSOURI CITY State TX Zip Code 77459	Amount of Each Disbursement this Period
Purpose of Disbursement E-MAIL LIST RENTAL	<div>130.32</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) GOPUSA	Transaction ID: SB.9 Date of Disbursement
Mailing Address 18 SANCTUARY TRAIL	<div> <div>10</div> <div>14</div> <div>2010</div> </div>
City MISSOURI CITY State TX Zip Code 77459	Amount of Each Disbursement this Period
Purpose of Disbursement E-MAIL LIST RENTAL	<div>1325.28</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) HAT WORLD, INC.	Transaction ID: SB.60 Date of Disbursement
Mailing Address 7555 WOODLAND DR	<div> <div>10</div> <div>25</div> <div>2010</div> </div>
City INDIANAPOLIS State IN Zip Code 46278	Amount of Each Disbursement this Period
Purpose of Disbursement CLOTHING	<div>21.30</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

1476.90

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.122

Date of Disbursement

/ /

Amount of Each Disbursement this Period

94.76

B.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.123

Date of Disbursement

/ /

Amount of Each Disbursement this Period

94.76

C.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.13

Date of Disbursement

/ /

Amount of Each Disbursement this Period

214.50

SUBTOTAL of Disbursements This Page (optional)

404.02

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.14

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

223.77

B.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.143

Date of Disbursement

11 / 19 / 2010

Amount of Each Disbursement this Period

288.33

C.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.15

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

326.22

SUBTOTAL of Disbursements This Page (optional)

838.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.16

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

223.77

B.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.17

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

255.51

C.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.18

Date of Disbursement

10 / 15 / 2010

Amount of Each Disbursement this Period

284.13

SUBTOTAL of Disbursements This Page (optional)

763.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.25

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

90.34

B.

Full Name (Last, First, Middle Initial)
HOTELS.COM

Mailing Address 10440 N. CENTRAL EXPWY; SUITE 400

City DALLAS State TX Zip Code 75231

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.29

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

504.30

C.

Full Name (Last, First, Middle Initial)
HYATT HOTELS CORPORATION

Mailing Address 71 S WACKER DR; FL 12

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement
TRAVEL ACCOMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.72

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

246.16

SUBTOTAL of Disbursements This Page (optional)

840.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
J3 STRATEGIES

Mailing Address 2070 HONEY RIDGE DRIVE

City State Zip Code
RENO NV 89511

Purpose of Disbursement
COMMUNICATIONS CONSULTING
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB.61
Date of Disbursement

/ /

Amount of Each Disbursement this Period

3412.29

B.

Full Name (Last, First, Middle Initial)
JAZZ LIMOUSINE SERVICE

Mailing Address 305 BERENGER WALK

City State Zip Code
ROYAL PALM BEACH FL 33414

Purpose of Disbursement
TRAVEL LOCAL TRANSPORTATION
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB.76
Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.00

C.

Full Name (Last, First, Middle Initial)
LEE'S DISCOUNT LIQUOR

Mailing Address 7411 W LAKE MEAD BLVD

City State Zip Code
LAS VEGAS NV 89128

Purpose of Disbursement
FRAUDULENT CHARGE
Candidate Name

Category/
Type

Office Sought: ☐ House ☐ Senate ☐ President
Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼
State: District:

Transaction ID: SB.99
Date of Disbursement

/ /

Amount of Each Disbursement this Period

71.17

SUBTOTAL of Disbursements This Page (optional)

3573.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
MARRIOTT

Mailing Address 10400 FERNWOOD ROAD

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL ACCOMMODATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.58

Date of Disbursement

/ /

Amount of Each Disbursement this Period

60.00

B.

Full Name (Last, First, Middle Initial)
MCCARRAN INT'L AIRPORT

Mailing Address CLARK COUNTY DEPT. OF AVIATION; PO

City State Zip Code
LAS VEGAS NV 89111

Purpose of Disbursement
TRAVEL PARKING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.28

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5.00

C.

Full Name (Last, First, Middle Initial)
MCCARRAN INT'L AIRPORT

Mailing Address CLARK COUNTY DEPT. OF AVIATION; PO

City State Zip Code
LAS VEGAS NV 89111

Purpose of Disbursement
TRAVEL PARKING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.54

Date of Disbursement

/ /

Amount of Each Disbursement this Period

18.00

SUBTOTAL of Disbursements This Page (optional)

83.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
MCCARRAN INT'L AIRPORT

Mailing Address CLARK COUNTY DEPT. OF AVIATION; PO

City LAS VEGAS State NV Zip Code 89111

Purpose of Disbursement
PARKING EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.64

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.00

B.

Full Name (Last, First, Middle Initial)
MIMI'S CAFE

Mailing Address 1121 S FORT APACHE RD

City LAS VEGAS State NV Zip Code 89117

Purpose of Disbursement
MEETING MEAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.147

Date of Disbursement

/ /

Amount of Each Disbursement this Period

30.00

C.

Full Name (Last, First, Middle Initial)
MONDO CODE LLC

Mailing Address PO BOX 1288

City BOULDER State CO Zip Code 80306

Purpose of Disbursement
MEDIA LIST EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.27

Date of Disbursement

/ /

Amount of Each Disbursement this Period

249.00

SUBTOTAL of Disbursements This Page (optional)

313.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 61 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
NEVADA REPUBLICAN PARTY

Mailing Address 6655 S TENAYA WAY STE 120

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
BANNER PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.86

Date of Disbursement

10 / 29 / 2010

Amount of Each Disbursement this Period

300.00

B.

Full Name (Last, First, Middle Initial)
NEVER LATE PRINTING, LLC

Mailing Address 3880 SCHIFF DRIVE

City LAS VEGAS State NV Zip Code 89103

Purpose of Disbursement
PRINTING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.31

Date of Disbursement

10 / 18 / 2010

Amount of Each Disbursement this Period

551.59

C.

Full Name (Last, First, Middle Initial)
NEWSMAX MEDIA, INC

Mailing Address 560 VILLAGE BLVD, STE 120

City WEST PALM BEACH State FL Zip Code 33409

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.50

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

3269.70

SUBTOTAL of Disbursements This Page (optional)

4121.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) NEWSMAX MEDIA, INC	Transaction ID: SB.51 Date of Disbursement
Mailing Address 560 VILLAGE BLVD, STE 120	<div> <div>10</div> <div>21</div> <div>2010</div> </div>
City WEST PALM BEACH State FL Zip Code 33409	Amount of Each Disbursement this Period
Purpose of Disbursement E-MAIL LIST RENTAL	<div>22161.94</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) NOTHING BUNDT CAKES	Transaction ID: SB.12 Date of Disbursement
Mailing Address 9711 S EASTERN AVE #H10	<div> <div>10</div> <div>15</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89183	Amount of Each Disbursement this Period
Purpose of Disbursement CATERING EXPENSE	<div>48.14</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) OFFICE MAX #1294	Transaction ID: SB.37 Date of Disbursement
Mailing Address POPLAR CREEK CROSSING	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City HOFFMAN ESTATES State IL Zip Code 60195	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES	<div>32.48</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

22242.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 63 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) OFFICE MAX #1294	Transaction ID: SB.65 Date of Disbursement																				
Mailing Address POPLAR CREEK CROSSING	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	6		2	0	1	0												
City HOFFMAN ESTATES State IL Zip Code 60195	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">7.00</td> </tr> </table>	7.00																			
7.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) OFFICE MAX #1294	Transaction ID: SB.77 Date of Disbursement																				
Mailing Address POPLAR CREEK CROSSING	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	7		2	0	1	0												
City HOFFMAN ESTATES State IL Zip Code 60195	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">49.11</td> </tr> </table>	49.11																			
49.11																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) OFFICE MAX #1294	Transaction ID: SB.83 Date of Disbursement																				
Mailing Address POPLAR CREEK CROSSING	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		2	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		2	9		2	0	1	0												
City HOFFMAN ESTATES State IL Zip Code 60195	Amount of Each Disbursement this Period																				
Purpose of Disbursement OFFICE SUPPLIES	<table border="1"> <tr> <td colspan="10">27.73</td> </tr> </table>	27.73																			
27.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

83.84

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) PATTON BOGGS, LLP	Transaction ID: SB.87 Date of Disbursement																				
Mailing Address 2550 M ST NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	0		2	0	1	0												
City WASHINGTON State DC Zip Code 20037	Amount of Each Disbursement this Period																				
Purpose of Disbursement LEGAL SERVICES	<table border="1"> <tr> <td>7</td><td>5</td><td>2</td><td>9</td><td>.</td><td>1</td><td>2</td> </tr> </table>	7	5	2	9	.	1	2													
7	5	2	9	.	1	2															
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) PAYPAL	Transaction ID: SB.35 Date of Disbursement																				
Mailing Address 2211 N FIRST ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	8		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	8		2	0	1	0												
City SAN JOSE State CA Zip Code 95131	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td>4</td><td>2</td><td>.</td><td>5</td><td>2</td> </tr> </table>	4	2	.	5	2															
4	2	.	5	2																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) PAYPAL	Transaction ID: SB.5 Date of Disbursement																				
Mailing Address 2211 N FIRST ST	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City SAN JOSE State CA Zip Code 95131	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td>5</td><td>7</td><td>.</td><td>0</td><td>3</td> </tr> </table>	5	7	.	0	3															
5	7	.	0	3																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7628.67

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 65 / 80

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) PIRYX	Transaction ID: SB.141 Date of Disbursement																				
Mailing Address 401 W 15TH STREET SUITE 520	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	7		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	7		2	0	1	0												
City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period																				
Purpose of Disbursement CHARGEBACK FEE	<table border="1"> <tr> <td colspan="10">25.00</td> </tr> </table>	25.00																			
25.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) PIRYX	Transaction ID: SB.151 Date of Disbursement																				
Mailing Address 401 W 15TH STREET SUITE 520	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period																				
Purpose of Disbursement ONLINE CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">151.59</td> </tr> </table>	151.59																			
151.59																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) PIRYX	Transaction ID: SB.91 Date of Disbursement																				
Mailing Address 401 W 15TH STREET SUITE 520	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		3	1		2	0	1	0												
City Austin State TX Zip Code 78701	Amount of Each Disbursement this Period																				
Purpose of Disbursement ONLINE CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">1603.38</td> </tr> </table>	1603.38																			
1603.38																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1779.97

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) PITNEY BOWES, INC.	Transaction ID: SB.139 Date of Disbursement																				
Mailing Address 1 ELMCROFT RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	6		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	6		2	0	1	0												
City STAMFORD State CT Zip Code 06926	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE METER RENTAL	<table border="1"> <tr> <td colspan="10">200.00</td> </tr> </table>	200.00																			
200.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) PITNEY BOWES, INC.	Transaction ID: SB.148 Date of Disbursement																				
Mailing Address 1 ELMCROFT RD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		2	2		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		2	2		2	0	1	0												
City STAMFORD State CT Zip Code 06926	Amount of Each Disbursement this Period																				
Purpose of Disbursement POSTAGE METER	<table border="1"> <tr> <td colspan="10">19.41</td> </tr> </table>	19.41																			
19.41																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) POLITICAL INSIDER	Transaction ID: SB.10 Date of Disbursement																				
Mailing Address PO BOX 25574	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City ALEXANDRIA State VA Zip Code 22313	Amount of Each Disbursement this Period																				
Purpose of Disbursement E-MAIL LIST RENTAL	<table border="1"> <tr> <td colspan="10">827.92</td> </tr> </table>	827.92																			
827.92																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1047.33

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
POLITICAL INSIDER

Mailing Address PO BOX 25574

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.41

Date of Disbursement

10 / 19 / 2010

Amount of Each Disbursement this Period

1456.52

B.

Full Name (Last, First, Middle Initial)
POLITICAL INSIDER

Mailing Address PO BOX 25574

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
E-MAIL LIST RENTAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.70

Date of Disbursement

10 / 26 / 2010

Amount of Each Disbursement this Period

23.00

C.

Full Name (Last, First, Middle Initial)
QUAKER STEAK & LUBE

Mailing Address 5935 CANAL RD

City VALLEY VIEW State OH Zip Code 44125

Purpose of Disbursement
TRAVEL MEAL

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.52

Date of Disbursement

10 / 22 / 2010

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

1489.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) RATEPOINT, INC.	Transaction ID: SB.93 Date of Disbursement																				
Mailing Address 145 ROSEMARY STREET; SUITE D	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	1		2	0	1	0												
City NEEDHAM State MA Zip Code 89148	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMAIL TECH COST	<table border="1"> <tr> <td colspan="10">350.00</td> </tr> </table>	350.00																			
350.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.144 Date of Disbursement																				
Mailing Address P.O. BOX 36647-1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	1	0												
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AIRFARE	<table border="1"> <tr> <td colspan="10">339.40</td> </tr> </table>	339.40																			
339.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES	Transaction ID: SB.145 Date of Disbursement																				
Mailing Address P.O. BOX 36647-1CR	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	9		2	0	1	0												
City DALLAS State TX Zip Code 75235	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AIRFARE	<table border="1"> <tr> <td colspan="10">339.40</td> </tr> </table>	339.40																			
339.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1028.80

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.32

Date of Disbursement

/ /

Amount of Each Disbursement this Period

380.40

B.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.55

Date of Disbursement

/ /

Amount of Each Disbursement this Period

25.00

C.

Full Name (Last, First, Middle Initial)
SOUTHWEST AIRLINES

Mailing Address P.O. BOX 36647-1CR

City DALLAS State TX Zip Code 75235

Purpose of Disbursement
TRAVEL AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.59

Date of Disbursement

/ /

Amount of Each Disbursement this Period

459.70

SUBTOTAL of Disbursements This Page (optional)

865.10

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
SYMANTEC

Mailing Address 350 ELLIS ST

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SOFTWARE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.45

Date of Disbursement

10 / 21 / 2010

Amount of Each Disbursement this Period

48.98

B.

Full Name (Last, First, Middle Initial)
TARGET

Mailing Address 3550 S. RAINBOW BLVD

City LAS VEGAS State NV Zip Code

Purpose of Disbursement
FRAUDULENT CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.98

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

216.19

C.

Full Name (Last, First, Middle Initial)
TEA PARTY HD

Mailing Address 5256 S. MISSION ROAD, SUITE 703, B

City BONSALL State CA Zip Code 92003

Purpose of Disbursement
WEBCAST PRODUCTION SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.110

Date of Disbursement

11 / 03 / 2010

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5265.17

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.	Full Name (Last, First, Middle Initial) TEMPLETON PLAZA, LLC	Transaction ID: SB.100 Date of Disbursement 11 / 01 / 2010
	Mailing Address 3311 SOUTH RAINBOW BLVD, SUITE 225	
	City LAS VEGAS State NV Zip Code 89146	Amount of Each Disbursement this Period 1050.00
	Purpose of Disbursement RENT	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) TENAYA QUAIL, LLC	Transaction ID: SB.101 Date of Disbursement 11 / 01 / 2010
	Mailing Address 6325 MCLEOD DRIVE, SUITE 9	
	City LAS VEGAS State NV Zip Code 89120	Amount of Each Disbursement this Period 3704.00
	Purpose of Disbursement RENT	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C.	Full Name (Last, First, Middle Initial) THE PUB	Transaction ID: SB.56 Date of Disbursement 10 / 22 / 2010
	Mailing Address 19304 DETROIT RD	
	City ROCKY RIVER State OH Zip Code 44116	Amount of Each Disbursement this Period 20.00
	Purpose of Disbursement TRAVEL MEAL	
	Candidate Name	Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

4774.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) UNITED AIRLINES	Transaction ID: SB.120 Date of Disbursement																				
Mailing Address 77 W. WACKER DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	1	0												
City CHICAGO State IL Zip Code 60601	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AIRFARE	<table border="1"> <tr> <td colspan="10">182.40</td> </tr> </table>	182.40																			
182.40																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB.116 Date of Disbursement																				
Mailing Address 4000 E. SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	1	0												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AIRFARE	<table border="1"> <tr> <td colspan="10">15.00</td> </tr> </table>	15.00																			
15.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) US AIRWAYS	Transaction ID: SB.117 Date of Disbursement																				
Mailing Address 4000 E. SKY HARBOR BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	9		2	0	1	0												
City PHOENIX State AZ Zip Code 85034	Amount of Each Disbursement this Period																				
Purpose of Disbursement TRAVEL AIRFARE	<table border="1"> <tr> <td colspan="10">5.00</td> </tr> </table>	5.00																			
5.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

202.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
US AIRWAYS

Mailing Address 4000 E. SKY HARBOR BLVD

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL AIRFARE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.119

Date of Disbursement

/ /

Amount of Each Disbursement this Period

243.40

B.

Full Name (Last, First, Middle Initial)
VECTOR SOLUTIONS, INC.

Mailing Address 4132 S. RAINBOW BLVD

City LAS VEGAS State NV Zip Code 89103

Purpose of Disbursement
WEB SITE DEVELOPMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.1

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20200.00

C.

Full Name (Last, First, Middle Initial)
VECTOR SOLUTIONS, INC.

Mailing Address 4132 S. RAINBOW BLVD

City LAS VEGAS State NV Zip Code 89103

Purpose of Disbursement
WEB SITE DEVELOPMENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.125

Date of Disbursement

/ /

Amount of Each Disbursement this Period

9100.00

SUBTOTAL of Disbursements This Page (optional)

29543.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) VECTOR SOLUTIONS, INC.	Transaction ID: SB.132 Date of Disbursement																				
Mailing Address 4132 S. RAINBOW BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City LAS VEGAS State NV Zip Code 89103	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEB SITE DEVELOPMENT	<table border="1"> <tr> <td colspan="10">10000.00</td> </tr> </table>	10000.00																			
10000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VISION TO AMERICA	Transaction ID: SB.11 Date of Disbursement																				
Mailing Address 457 NATHAN DEAL BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	4		2	0	1	0												
City DALLAS State GA Zip Code 30132	Amount of Each Disbursement this Period																				
Purpose of Disbursement E-MAIL LIST RENTAL	<table border="1"> <tr> <td colspan="10">1134.75</td> </tr> </table>	1134.75																			
1134.75																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VISION TO AMERICA	Transaction ID: SB.42 Date of Disbursement																				
Mailing Address 457 NATHAN DEAL BLVD	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	0		1	9		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	0		1	9		2	0	1	0												
City DALLAS State GA Zip Code 30132	Amount of Each Disbursement this Period																				
Purpose of Disbursement E-MAIL LIST RENTAL	<table border="1"> <tr> <td colspan="10">1596.82</td> </tr> </table>	1596.82																			
1596.82																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

12731.57

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) VISION TO AMERICA	Transaction ID: SB.71 Date of Disbursement
Mailing Address 457 NATHAN DEAL BLVD	<div> <div>10</div> <div>26</div> <div>2010</div> </div>
City DALLAS State GA Zip Code 30132	Amount of Each Disbursement this Period
Purpose of Disbursement E-MAIL LIST RENTAL	<div>41.40</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) VISION TO AMERICA	Transaction ID: SB.90 Date of Disbursement
Mailing Address 457 NATHAN DEAL BLVD	<div> <div>10</div> <div>31</div> <div>2010</div> </div>
City DALLAS State GA Zip Code 30132	Amount of Each Disbursement this Period
Purpose of Disbursement E-MAIL LIST RENTAL	<div>36.80</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WALMART	Transaction ID: SB.36 Date of Disbursement
Mailing Address 7200 ARROYO CROSSING PKWY	<div> <div>10</div> <div>19</div> <div>2010</div> </div>
City LAS VEGAS State NV Zip Code 89113	Amount of Each Disbursement this Period
Purpose of Disbursement OFFICE SUPPLIES	<div>37.33</div>
Candidate Name	<div>Category/Type</div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

115.53

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)
WALMART

Mailing Address 7200 ARROYO CROSSING PKWY

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.75

Date of Disbursement

10 / 27 / 2010

Amount of Each Disbursement this Period

19.34

B.

Full Name (Last, First, Middle Initial)
WALMART

Mailing Address 7200 ARROYO CROSSING PKWY

City LAS VEGAS State NV Zip Code 89113

Purpose of Disbursement
FRAUDULENT CHARGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.97

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

323.22

C.

Full Name (Last, First, Middle Initial)
WELLS FARGO

Mailing Address 4075 S. FORT APACHE

City LAS VEGAS State NV Zip Code 89147

Purpose of Disbursement
PAYROLL PROCESSING FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.106

Date of Disbursement

11 / 01 / 2010

Amount of Each Disbursement this Period

44.75

SUBTOTAL of Disbursements This Page (optional)

387.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.107 Date of Disbursement																				
Mailing Address 4075 S. FORT APACHE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	1		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	1		2	0	1	0												
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period																				
Purpose of Disbursement EMPLOYER PAYROLL TAXES	<table border="1"> <tr> <td>7</td><td>1</td><td>3</td><td>.</td><td>3</td><td>9</td> </tr> </table>	7	1	3	.	3	9														
7	1	3	.	3	9																
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.113 Date of Disbursement																				
Mailing Address 4075 S. FORT APACHE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		0	4		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		0	4		2	0	1	0												
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period																				
Purpose of Disbursement WIRE FEE	<table border="1"> <tr> <td>1</td><td>0</td><td>.</td><td>0</td><td>0</td> </tr> </table>	1	0	.	0	0															
1	0	.	0	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.137 Date of Disbursement																				
Mailing Address 4075 S. FORT APACHE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	1	1		1	5		2	0	1	0
M	M	/	D	D	/	Y	Y	Y	Y												
1	1		1	5		2	0	1	0												
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAYROLL PROCESSING FEE	<table border="1"> <tr> <td>4</td><td>2</td><td>.</td><td>5</td><td>0</td> </tr> </table>	4	2	.	5	0															
4	2	.	5	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

765.89

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

A. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.138 Date of Disbursement
Mailing Address 4075 S. FORT APACHE	<div> <div>^M1</div> <div>^M1</div> <div>/</div> <div>^D1</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
Purpose of Disbursement EMPLOYER PAYROLL TAXES	<div>509.54</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.2 Date of Disbursement
Mailing Address 4075 S. FORT APACHE	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D1</div> <div>^D4</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
Purpose of Disbursement WIRE TRANSFER FEE FOR WEB SITE DEVELOPME	<div>20.00</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) WELLS FARGO	Transaction ID: SB.23 Date of Disbursement
Mailing Address 4075 S. FORT APACHE	<div> <div>^M1</div> <div>^M0</div> <div>/</div> <div>^D1</div> <div>^D5</div> <div>/</div> <div>^Y2</div> <div>^Y0</div> <div>^Y1</div> <div>^Y0</div> </div>
City LAS VEGAS State NV Zip Code 89147	Amount of Each Disbursement this Period
Purpose of Disbursement PAYROLL PROCESSING FEE	<div>44.75</div>
Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

574.29

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Americans for New Leadership

<p>A.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address 4075 S. FORT APACHE</p> <p>City LAS VEGAS State NV Zip Code 89147</p> <p>Purpose of Disbursement EMPLOYER PAYROLL TAXES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.24 Date of Disbursement <div>10 / 15 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>741.37</div></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address 4075 S. FORT APACHE</p> <p>City LAS VEGAS State NV Zip Code 89147</p> <p>Purpose of Disbursement WIRE TRANSFER FEE FOR WEB SITE DEVELOPME</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.4 Date of Disbursement <div>10 / 14 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>10.00</div></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) WELLS FARGO</p> <p>Mailing Address 4075 S. FORT APACHE</p> <p>City LAS VEGAS State NV Zip Code 89147</p> <p>Purpose of Disbursement WIRE FEE</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB.48 Date of Disbursement <div>10 / 21 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>10.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

761.37

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Americans for New Leadership

A.

Full Name (Last, First, Middle Initial)

WELLS FARGO

Mailing Address 4075 S. FORT APACHE

City
LAS VEGAS

State
NV

Zip Code
89147

Purpose of Disbursement
WIRE FEE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB.78

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2010

Amount of Each Disbursement this Period

10.00

SUBTOTAL of Disbursements This Page (optional)

10.00

TOTAL This Period (last page this line number only)

146027.72